Name	William X4	124 /3	lain		CERTIFICATE O	e Death
Full	Died at Miles Lown County			11/1	MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Date of death 1903 3	Day	Age 4	Mo	Months	
	sex Male	Color or A	Phili	Birth- place	marylo	en S
	Occupation		Where Residing if not at place of death		V	•
	Married, Single or Widowed	Name of Wile or Husband				
	Father's Miller	in d	Elair	Father's Birthplace		
	Mother's Maiden Name Rose	- Ou	41-	Mother's Birthplace		Y
	Name of person giving In formation			How relate to deceased		
-		Causes	S OF DEATH			
PHYSICIAN OR CORONER	Primary Larcon	ma I	Tidne	How long	18 m	v).
	Immediate	7		How long	_	
	Are the name, age, sex, color. date and place correctly given above?		ignature of hysician	P. %. (Palm	er
			Address		Palme	10
1	Accident or Suicide?					- /1
					LIBRARY BUREAU ASS	1016

True coff July 9th 1904 J. J. Greenwelf

Name	h . 0						
Full	Maria /	hore	ver-	С	ERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Vernandborn		County		MARYLAND		
	Date Month of death 1903	Day 2 2	Age 65	Month	s Days		
	sex Februale	Color or Race	Colored	Birth- O	marzo Co		
	Occupation Labore	7.	Where Residing if not at place of death				
	Married, Single Millow	Name of Wife or Husband					
	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving In formation	14		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary In Cr	ippe		How long	2 days		
	Immediate		4	How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	1 Cree	well.		
			Address	Low	andlown		
X	occident or Suicide?			Lini	Md		

Truf coff fuly q- A 1904 J. J. Greenwell.

Name in Full	Centis Gibbons Laurence				CERTIFICAT	E OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Blackstons A County			KALI	MARYLAND			
	Date of death 190 3	Day	Age SH	Months		Days		
	sex male	Color or Race	White	Birth- place	naryt	am 5		
	Occupation Jone		Where Residing if not at place of death			4		
	Married, Single or Widowed Lings	Name of Wife or Husband	A					
	Father's Joseph a Laurence			Father's Birthplace				
	Mother's Marden Name Lusia Cullius Cullius			Mother's Birthplace				
	Name of person giving In formation		σ	How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Angus	nome	e	How long	7 a	lugo		
	Immediate Conn	Msion	0	How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	9. O	alun	en		
			Address	(4	alu	urs		
X.	accident or Suicide?					- :		
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Name in CERTIFICATE OF DEATH Full MARYLAND Died at Day. Years Months Date of death 190 3 Age Birth-place Color or ANSWERED FRIEN Occupation Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowed NEAF 日 lex and Father's Father's Birthplace Name 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Primary ONER How long PHYSICIAN Immediate CORC Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ cident or Suicide? LIBRARY BUREAU ASSOIS

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Name in CERTIFICATE OF DEATH Full County (Q TOWA rd long MARYLAND Died at Months Davs Day Date Age of death 190 2 BY 0 Birth-Color or FRIEN ANSWERED place Sex Race Occupation Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowed NEAF Father's Father's E Birtholace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary How long CORONER PHYSICIAN Immediate Are the name.age.sex.color.date Signature of Physician and place correctly given above? Address E O cident or Suicide? LIBRARY BUREAU ASSSIS

Trul coff July 9# 1904 J.J. Greenwelf.